



## **Preventing and Reducing Obesity Through a Coordinated School Health Program, Partner Education, and Collaboration**

### **Public Health Problem**

West Virginia schools serve 301,000 students, approximately 25% of whom live in poverty. In 1999, 69% of West Virginia's youth (aged 10–24 years) did not attend daily physical education classes, 75% did not participate in any moderate physical activity, 80% did not eat the recommended five servings of fruits and vegetables per day, 16% were at risk for obesity, and 12% were obese.

### **Evidence That Prevention Works**

Health education in schools can reduce the prevalence of health risk behaviors among young people. For example, health education resulted in a 37% reduction in the onset of smoking among 7<sup>th</sup> graders. In addition, obese girls in the 6<sup>th</sup> and 8<sup>th</sup> grades lost weight through a program at school, and students who attended a school-based life-skills training program were less likely than other students to smoke or use alcohol or marijuana.

### **Program Example**

Using CDC funds, West Virginia established coordinated school health programs (CSHPs), giving its students the advantages of a well-rounded approach to school health that includes health education, physical education, health services, nutrition services, counseling/psychological services, a healthy school environment, and parent and community involvement. Through a revision of West Virginia's Board of Education Policy, the President's Physical Fitness Test became a school accreditation standard. In each school, 40% of students must pass the test or the school must demonstrate improvement over 3 years. Statewide, the proportion of children passing increased from approximately 5% in 1992 to 40% in 1999. From 1992 to 2000, more than 700 physical education teachers or health teachers received training related to CSHPs. The West Virginia Department of Education (WVDE) also held training sessions for physical educators to introduce the Physical Education Instructional Goals and Objectives and to emphasize lifetime fitness in physical education programs. Partnerships were also established, including the WVDE Office of Healthy Schools, the Office of Child Nutrition, and the West Virginia Nutrition Coalition, which collaborated on the planning and delivery of a week-long nutrition symposium.

### **Implications**

CSHPs provide a focal point for collaboration and are a good use of resources to improve the health of youth and the adults they will become. This program demonstrates the importance of a comprehensive approach to school health. Strong policy helps develop an environment that promotes improved health behaviors, and health education and physical education develop the knowledge, attitudes, and skills students need to engage in healthy eating and physical activity.